

April 1994

Clinical Center News

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Gallin will assume duties as CC director May 1

Dr. John I. Gallin has been named Clinical Center director and NIH Associate Director for Clinical Research effective May 1.

Dr. Gallin has served as director, Division of Intramural Research, NIAID, since 1985 and as chief of the institute's Laboratory of Host Defenses since 1991.

In making the announcement, NIH Director Dr. Harold Varmus said, "The Clinical Center has long been at the forefront of modern, investigative medicine. Dr. Gallin's scientific and clinical expertise make him ideally suited to lead this important institution in its commitment to quality patient care in an innovative research environment."

"I am thrilled to be part of the Clinical Center team that will provide an ideal environment to pursue the unprecedented clinical research opportunities facing us," Dr. Gallin said. "Our biggest challenge will be to assure quality patient care and enhance the environment for research and training while assuring fiscal responsibility. I am optimistic the Clinical Center will continue as a national center of excellence as we move into the next century."

As NIH Associate Director for Clinical Research, Dr. Gallin will be a principal advisor to Dr. Varmus on clinical research issues.

Dr. Gallin's primary research interests center on how phagocytes—the body's scavenger cells—function. When the cells fail to produce the oxygen-rich chemicals,



New director

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such as hydrogen peroxide and bleach, that normally kill germs, a rare, hereditary immune disorder called chronic granulomatous disease (CGD) of childhood results.

Dr. Gallin's laboratory has actively pursued gene therapy for the treatment of CGD. He also has helped lead investigations demonstrating that the immune stimulant interferon-gamma reduces infections in CGD. Currently, he and his colleagues are pursuing the use of interferon-gamma

in the treatment of other infectious diseases, such as tuberculosis.

Dr. Gallin lectures internationally on inflammation and topics of host defense. He currently serves on the NIH Board of Scientific Directors, the Director's Long-Term Facilities Planning Group, and the NIH Executive Board for Clinical Center Modernization.

Among his awards are the PHS Distinguished Service Award, the Young Investigator Award of the American Federation for Clinical Research, and the Squibb Award of the Infectious Diseases Society of America. In 1991, he received the PHS award for orphan product development, an honor that recognizes work in finding treatments for diseases and disorders that affect a small number of patients worldwide.

He is an author of over 250 publications and is a co-editor of the widely acclaimed text *Inflammation*.

Dr. Gallin serves in an advisory capacity for several medical schools, and is president of the International Society of the Immunocompromised Host.

A New York native, Dr. Gallin graduated with honors from Amherst College, where he received an honorary Doctor of Science in 1988. He earned an M.D. degree at Cornell University Medical College in 1969. He was an intern, resident, and senior chief medical resident at New York University-Bellevue Hospital Medical Center.

Simply paying attention helps avert office crime

After standing in a long line at the ATM, a secretary walks away from the machine while counting his money. Unfortunately, he doesn't notice the man following him back to his office.

The secretary puts the money into his wallet. When he reaches his office, he tucks the wallet into his coat pocket and hangs the coat on a rack near the rear door.

He walks out of the office ten minutes later to go around the corner.

While the secretary's gone, the man who'd been following him slips through the office's open door, grabs the wallet from the coat, and walks out. He immediately hands the wallet to an accomplice who ducks down the stairwell to the parking garage.

This account is fictional, but various types of theft are common in the Clinical Center. There were 200 cases of theft in 1993, according to



Tom Brightwell, police branch chief, NIH Division of Security Operations, down from 245 incidents reported in 1992. Crime prevention specialists attribute this decrease to increased police patrols, employee watchfulness, and public attention to crime-prevention techniques.

Although pleased with the decrease, the police don't want staffers to become complacent. "It still needs a lot of work," says Brightwell.

"The main factor in preventing

crime is to reduce the opportunity," adds Deborah Thomson, chief of the Crime Prevention Branch's security section.

Experts suggest that employees pay close attention to their surroundings to avoid crime. Employees should lock unattended offices and desk drawers that contain valuables. Keep purses out of sight, and always use locks to secure computers and lab equipment.

These simple precautions take only a few minutes and can make the difference, says Thomson. "People don't realize how quickly thefts can occur."

Crimes sometimes occur when people leave their offices unattended while strangers are present, the crime prevention specialists say. In the event that there is someone in your workplace you don't recognize, ask them if they need help, Thomson recommends. Maintenance or sales personnel should provide identification.

The Crime Prevention Branch will survey the workplace to find ways to improve the area's safety and help workers take precautions against crime.

Security specialists also provide crime watch presentations for employees, according to Thomson. Sessions include crime-prevention tips and security-watch handouts telling about crimes to watch out for. If extreme crime-prevention measures are needed, when there were a rash of car jackings in the area, for example, they'll arrange for lectures by the Montgomery County Police Department.

Anyone interested in a group session need only provide the place for the meeting. Call the Crime Prevention Branch at 496-9818.

—LaTonya Kittles

query

What does TQM mean to you?



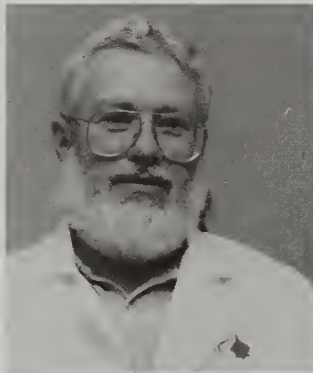
Betsy Jett
Department of
Transfusion Medicine

"A way of doing business that brings everyone involved into the picture."



James Marshall
Phlebotomy

"It's how you can make the quality of systems better as far as patient care."



Ken Hines
Department of
Transfusion Medicine

"TQM makes it possible for better communication. It also benefits researchers and clinical staff."

Compiled by Dayle Stein and LaTonya Kittles

Clinical Center
News

Editor: Sara Rand Byars

Clinical Center News is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services. News, article ideas, calendar events, letters, and photographs are welcome. Stop by room 1C255 in building 10 or call 496-2563 for submission details, or contact your department's *CC News* liaison. **Deadline** for submissions is the second Monday of each month.

Placements needed

The CC Volunteer Services program needs placement opportunities for this summer.

"There are many talented and gifted young people who want to use their talents during summer vacations," points out Andrea Rander, volunteer services director. "Many are pursuing careers in medicine. We depend on professionals here who are willing to give their time to help prepare others for their future careers."

Departments and offices that can use volunteers during the summer can call 496-1807 for more information.

Nominations sought for distinguished teacher

Clinical fellows have until April 15 to submit nominations to the NIH Fellows Committee for the Distinguished Teacher Award. This award, given annually since 1985, recognizes excellence in inpatient and outpatient teaching involving direct patient care provided by any senior clinical investigator at the Clinical Center. Clinical associates are asked to nominate teachers with whom they have had significant contact. Fax nominations, including a written support statement of less than one single-spaced page, to Cindy Parker, NIH Office of Education, 402-0483.

Lecture looks at silly side of science

Interested in survival strategies among animal crackers? If the wackier side of science appeals, stop by Masur Auditorium at 12:30 p.m. on April 14. That's when Mark Abrahams, editor of the *Journal of Irreproducible Results*, will explore the silly side of research.

Abrahams' journal has for nearly four decades recorded the wackier writings of Nobel laureates, doctors, biologists, mathematicians, astrophysicists, and assorted Ph.D.'s. Researchers behind journal studies have included a seven-year-old who writes about growing fossils and an internationally acclaimed jazz harpist who does groundbreaking research at the Museum of Burnt Foods near



Women scientists committee

Dr. Barbara Sonies (left), chief of the speech pathology section, Rehabilitation Medicine Department, chairs the CC Women Scientists Committee. The group meets every six weeks to discuss ways to improve the workplace for women scientists here. The committee currently is looking at pay and tenure equity issues. All women involved in clinical research are invited to join. Dr. Sonies also serves as women scientists advisor to the CC director. Call her at 496-9403 for more information. Among those attending the March meeting were (from left) Dr. Dee Koziol, Dr. Margaret Daube-Witherspoon, Dr. Michele Fox, Dr. Michele Evans, Dr. Evan DeRenzo, and Dr. Sharon Moss.

Boston. That's where, oddly enough, more than 2,000 specimens are housed in the Hall of Burnt Toast.

And who survives inside that box of animal crackers? Prey are more likely to be broken than were the predators, investigators determined. Good thing the clown's outside the box.

Classes offered

Call the education and training section, Office of Human Resources Management, at 496-1618 for details on these May classes:

- Advance Directives**, May 3, 2-3 p.m., Lipsett Amphitheater.

- QTRC Hosts Program**, May 4, 8:30-9:30 a.m., 2C116; May 10, 3-4 p.m., 2C310; and May 17, 12:30-1:30 p.m., 2C116.

- Supervisory Discussion Program**, May 13, noon-1 p.m., 2C310.

Bidding benefits a good CC cause

Feeling lucky? Then place your bids on such treats as a great escape weekend to the Buck Valley Dude Ranch in Pennsylvania or a week's stay in a Poconos cabin.

Patient Emergency Fund Auction attendees can place their bids while helping a good cause April 26 from 11 a.m. to 2 p.m. in the Visitor Information Center. There will also be a \$500 cash raffle, homemade dessert treats, and a white elephant sale. All proceeds benefit the fund.

"Patients need a complicated support system medically, spiritually, and financially," says Al Rexroad, auction chair. "The Patient Emergency Fund helps fill in the gaps financially for patients who need that assistance."

Rosen talks about his CC years, retirement plans

Dr. Saul Rosen, with his easy laugh and musical metaphors, has guided the Clinical Center as acting director since 1990. His professional life is tethered inextricably to this place.

After earning undergraduate and medical degrees from Harvard and a Ph.D. from Northwestern, he interned and took residency training in internal medicine at the University of California, San Francisco Medical Center.

He first traveled here in 1958—the Clinical Center's doors had been open for five years—for a two-year stint as a clinical associate in the then National Institute of Arthritis, Metabolism and Digestive Diseases. He returned here to stay in 1961. He served as a senior investigator in the institute's clinical endocrinology branch from 1961-1984, and was named deputy director of the Clinical Center in 1984.

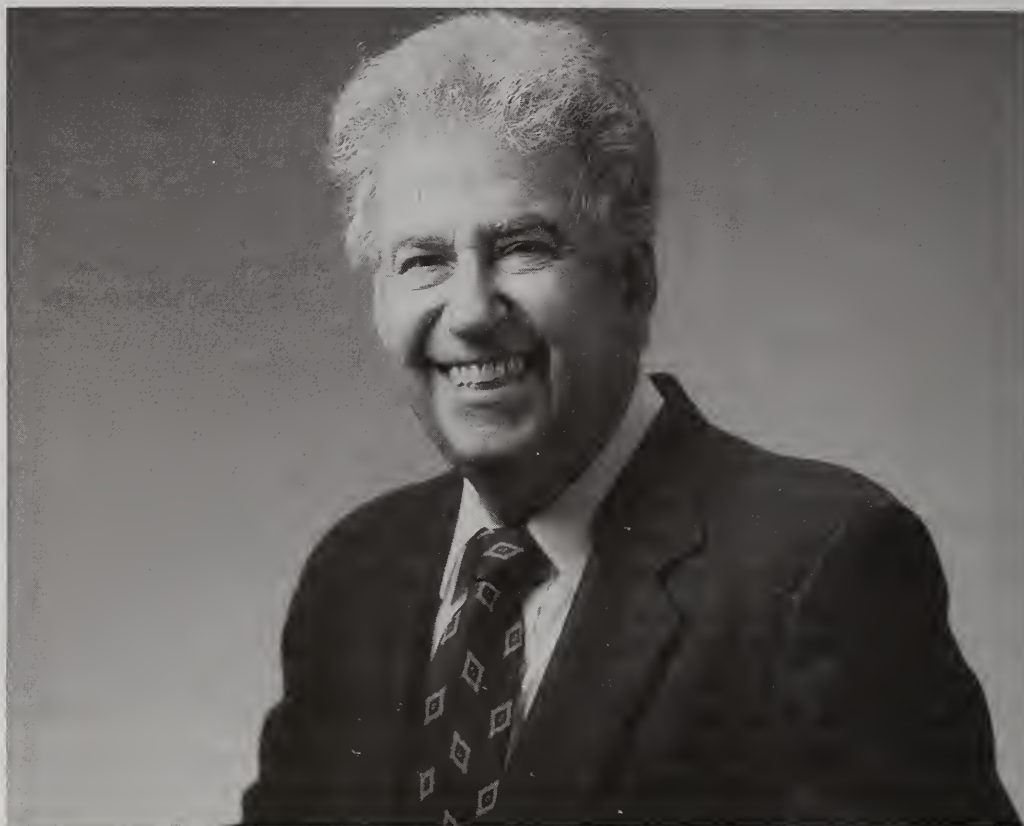
Dr. Rosen's last day at the CC will be April 29. Friends and co-workers are invited to a reception in his honor April 15, 2-4 p.m., in the Visitor Information Center.

Dr. Rosen, who retires in July, talked to *CCNews* about his years here.

***CCNews:* How has the focus of medical research changed since you came here as a clinical associate in 1958?**

Dr. Rosen: There is much more attention to the protection of human subjects in investigative research. Those protections were always present at the Clinical Center, because the NIH then as now has been fortunate to have such a cadre of dedicatedly compassionate and talented clinical investigators. But the formal protections that have been developed and refined after such ethical milestones as the Nuremberg Code and the Belmont Report have been incorporated and codified in the protocol review process.

Other aspects that are



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tremendously different are the revolutions in molecular and cell biology, revolutions that have deepened and broadened our knowledge about basic processes. It's those more basic disciplines that are increasingly driving the clinical research that goes from the bench to the bedside. In the old days, what went from the bench to the bedside had more of a physiologic than a molecular basis.

Coupled with the revolutions in molecular and cell biology has been the explosion in our ability to image things. When I was a student and house officer, it was a great intellectual activity to try to discern the location of lesions in patients with, say, multiple sclerosis. Now it is possible to actually see some of the lesions by magnetic resonance imaging. We have powerful computed tomography to look for small tumors. We have positron emission tomography to look at the actual function of areas in the brain. These are dramatic and exciting advances. I

suspect that 50 years from now people will look back at this as the golden era of biomedical research.

***CCNews:* Are there avenues of research that you find particularly astounding or surprising?**

Dr. Rosen: The thing that knocks my socks from here to Prince George's County is the new work in gene therapy, work that was pioneered here at the Clinical Center. I remember the date. Sept. 14, 1990. The first gene therapy experiment in the world was carried out at the Clinical Center by French Anderson then of NHLBI and Mike Blaese and Ken Culver, then of NCI. Now, other investigators here and elsewhere are exploring gene therapy. Dr. Francis Collins at the Center for Human Genome Research will be heavily involved in pushing this technology forward.

***CCNews:* What are you proudest of having accomplished during your CC tenure?**

Dr. Rosen: My overriding goal has been to help restore trust in the Clinical Center. It seemed to have undergone some erosion that led to a management retreat, Easton II. I have tried to extend the work [former CC director Dr.] John Decker began with total quality management, to open the institution internally with the continuous quality improvement process. We have tried to do that in a way that was inclusive, not heavy-handed. Through such efforts as the CC director's forums, I have tried to make the CC's management accessible to all employees. I have worked to enlarge the CC senior management staff and to involve CC department heads more in decision-making processes.

I'm proud of the fact that we have tried—as a predominately service ICD—to support the institutes, to be responsible fiduciaries to their money which supports us. We have stayed within the FTE and budget allocated to us by corporate NIH.

The Clinical Center's overriding goal has always been to provide the best and most compassionate patient care we can deliver in an open, collegial environment.

We have also tried to be flexibly responsive to the institutes' needs. We've tried to foster open communications with the institutes, open, honest communications, while putting everything on the table with no hidden agendas.

I believe that the institutes are partners with us in trying to develop a collective approach to taking advantage of this era's magnificent scientific opportunities.

The CC stands for more than the Clinical Center to me. It also represents competency and collegiality. And I hope that's what we have been. Competent and collegial.

CCNews: Communicating clearly, effectively, and eloquently is important to you. Why is this important in a community of microscopes and microbes?

Dr. Rosen: Clarity of communication is no less important to scientists than

to nonscientists. The clarity of communicating scientific ideas, the clarity of communicating a physician's responsibility to a patient, and, reciprocally, the patient's responsibility to communicate when entering the research process—all are equally important. Clarity is desirable in all disciplines.

I am so impressed when I read material that's inherently exciting and interesting, but communicated with panache. Lewis Thomas does it. *Bully for Brontosaurus* author Stephen Jay Gould does it. So does *New York Times* science writer Natalie Angier.

CCNews: You've made speaking to new employees during orientations a priority. Why? What has been the essential message to those who work here?

Dr. Rosen: I wanted to reinforce that new employees—new blood—are appreciated. The message I've hoped to send is that our organization is only as good as its new blood. The organization itself is like any of the body's organs. It needs continually to renew itself with replacement components.

I tell new employees about the culture of the Clinical Center. This is a very special place. It is the largest biomedical research institute in the world. I like to think of it as the best biomedical research institute in the world. I share with them some of the milestone achievements that have occurred here. I think they ought to know what this place is all about. I tell them that although all work is redeeming, no matter what it is, I get a special lift coming to work in a hospital because our principal purpose is to make life longer and better for our fellow human beings. I get an extra lift in working in a research hospital in this golden age of biomedicine.

CCNews: What has been the Clinical Center's primary contribution to medical research?

Dr. Rosen: Pulling together a critical mass of highly trained, highly skilled, highly intelligent, and highly

dedicated people to move ideas from the bench to the bedside rapidly, effectively, and with appropriate protection of human subjects.

CCNews: What will be the Clinical Center's greatest challenge in the next decade?

Dr. Rosen: To sustain that excellence in changing times. Nostradamus is not my middle name, but I think the challenge will again be that almost oxymoronic mandate to do more with less.

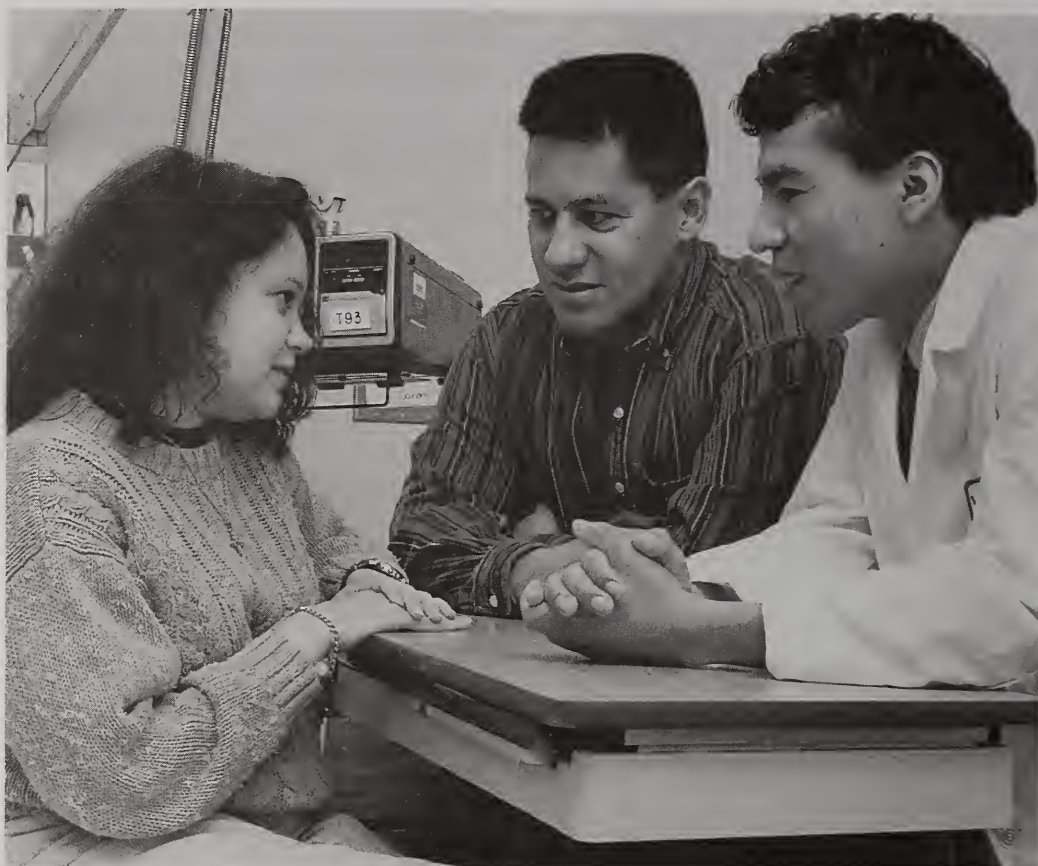
There is a need nationally to decrease debt, to respond to the administration's and the public's requirements to downsize the federal workforce, especially middle managers. That means, on one hand, decreased resources, decreased FTEs. On the other hand, as we seek to take advantage of the new and remarkable biomedical opportunities, we are required to respond to daunting but understandable demands for more and more documentation, review, and audit. When the public hears about scientific misconduct, they are concerned. They respond in a way that's understandable—demands for more controls, more regulations.

CCNews: What are your plans for retirement?

Dr. Rosen: I will probably become a student again. I would like to learn how to play the piano so I can read music. I cannot read a note, even though music, especially opera, is my muse. I would like to take some singing lessons one day. My wife is supportive and has even identified a baritone that she used to sing with at the New York City Opera, who is a voice teacher in this area. She'd like me to study with him, which I'd love to do, but I have to learn to read music first.

Another thing I'd like to do is to study some of the things I've never had a chance to learn about, attend lectures and classes with some of the leading teachers in the area. What I know about Russian novelists would fill a thimble. And even though I love romantic music, especially 19th century opera, I know little about the history and culture of that era.

The Clinical Center will honor its volunteer community April 25 with a program at 11:30 a.m. in Lipsett Amphitheater. "More than 150 volunteers are active in our program," notes Andrea Rander, volunteer services director. "They serve throughout the Clinical Center thanks to opportunities provided by staff members." Language interpreters play an important role here, she adds. "They not only volunteer their time with patients, they also have to be accessible to the staff and are constantly on call." Two of those volunteers are spotlighted here.



Dr. Franz Jemio (right) translates for Spanish-speaking patients. With him are Sandra Nevarez and her father, Jorge.

Volunteers speak a universal language



Marie Charles volunteers as a French interpreter.

Dr. Franz Jemio honed his language skills studying English literature. "The only way to know a language, really taste it, is through its poems. Translations are never the same."

He brings that attention to the essence of words' meanings to his volunteer work as an interpreter here. A physician, Dr. Jemio unravels complexities of medical terminology—and health-care philosophy—for the Spanish-speaking patients and their families. Dr. Jemio earned a medical degree in his native country of Bolivia. He's passed the basic medical science component of the U.S. medical licensing exam and is preparing for the clinical science portion. He hopes to go on for residency training in a medical specialty.

"I help patients register, then go to the floor. The nurses, doctors, social workers, dietitians, medical technicians—anyone on the health-

care team—will request an interpreter," he explains. "I tell the patient what to expect, what kinds of tests will be done, and ask if the patient has any questions."

Patients in other countries often ask their physician to choose the most appropriate treatment for them, Dr. Jemio points out. "Here, patients have more choices. That can be disorienting for someone not accustomed to making those choices."

Patients must have the information they need to give informed consent for treatment and procedures, he says. "I make sure that patients know what the tests and procedures involve and understand any risks."

Appreciating the commitment required to participate in a long-term protocol is also important. "Patients have to understand the investment."

He's available when surgery patients are transferred to the recovery room and moved to a

critical care unit. He explains to patients what kind of cooperation the doctor or nurse requires before, during, and after procedures such as diagnostic radiology tests.

Patients are most anxious just before and just after surgery, Dr. Jemio says, and patients need to fully understand the procedures before giving their informed consent. He also helps patients at discharge. "I help to interpret a summary of the procedures, clinical outcome, and laboratory residents," he explains.

Dr. Jemio, a U.S. resident for several years and a CC volunteer for one, also has studied Portuguese, German, and French along with English. "I studied at the Bolivian-American Center sponsored by the U.S. and Bolivian governments. More than half of the teachers were American."

He enjoys his work here. "It feels good to help a patient during this one time it's needed the most."

Marie Charles has simple reason for volunteering as an interpreter.

"If a patient doesn't speak English, it's nice to be able to help. People are always happy to find someone to help, especially when they're sick and can't understand what the doctor is saying."

French is the first language for this native of Haiti. As a volunteer, she's worked with patients from Paris, Dijon, and Canada.

Her knowledge of Creole—a mixture of French and Spanish spoken in Haiti—came in handy when working with a patient from there.

She navigates the subtleties of language with ease and good humor.

"What one can get away with in English you don't dare try to in French," she says with a laugh.

"French is a sophisticated language and the French don't accept mistakes. You have to place the accent at the

proper place in a word in French."

Charles, who works in NIAID's division of allergy, immunology, and transplantation, says that she and her family speak French at home. She began interpreting while working in NIA.

"We'd get calls from Brussels and I'd have to translate for my boss," she explains. "Then I met Andrea [Rander, volunteer services director] and she asked me to help out when she learned I spoke French. My background is social work and law. Social workers like to help."

"English is the universal language," she says, "even though more people speak Chinese. French is the diplomatic language. German the scientific."

But Charles and Jemio both speak a language that extends beyond the universal. It's the language of caring.

—by Sara Rand Byars

Bottled drinking water still necessary for some CC areas

Thirsty Clinical Center staffers will be drinking bottled water for a while longer.

Water fountains in the Clinical Center's original building core were turned off in January after safety officials detected unacceptable levels of lead and sediment.

"Water supplies to the clinics and the newer CC additions are not affected," says Susan Carscadden, deputy assistant director for public works, NIH Division of Engineering Services (DES).

Dr. Michele Evans, CC safety officer, notes that nursing unit nutrition stations providing water for drinking and ice come from a separate source that was also not affected. Even so, bottled water has also been provided in patient-care areas.

DES brought in 90 coolers for bottled water. "We have a standing contract for all of NIH in case of

water supply interruptions," explains Virgil Peay, DES project officer for providing water. The monthly bill has topped \$7,000.

The problems began when the water system's chillers broke last fall, explains Frank Kelly, chief of the Clinical Center maintenance section, DES Maintenance and Engineering Branch. "The system is 40 years old and we had a hard time getting parts for the repairs."

Once repairs were complete, workers flushed the pipes. That removed four decades' worth of mineral deposits that had insulated the pipes and kept lead out of the water.

The coolers will remain in place until safety concerns are satisfied. Replacing the water system's pipes may be too expensive to undertake, officials note. Another option is to put in new water fountains that include a system to filter out lead and sediment.



QT project simplifies process for EKGs

A new system for requesting and performing EKGs goes into effect in the Clinical Center April 1.

The new system incorporates recommendations from a multi-disciplinary QT project designed to streamline and simplify the process, explains Marsha Moore, Diagnostic Labs head nurse and QT team leader.

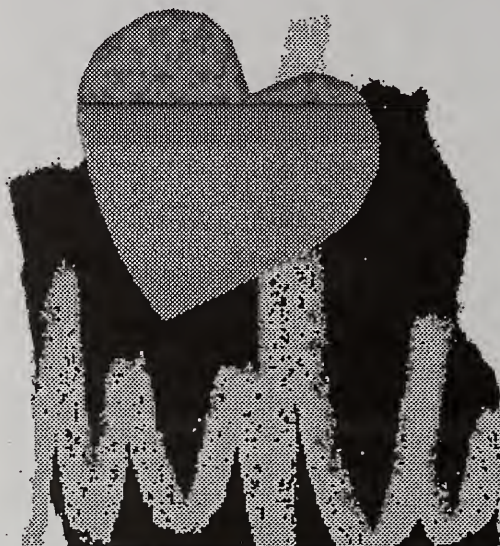
Under the new system, Heart Station personnel will perform STAT and routine EKGs weekdays 7:30 a.m.-4 p.m. "For an EKG, call the Heart Station at 496-3050," Moore says.

Respiratory Therapy Section staff will provide those services round-the-clock on weekends and holidays and after 4 p.m. weekdays. The respiratory therapy coverage will be provided by an already existing contract.

"Call the page operator for routine EKGs," explains Moore, "and dial 112 for STAT EKGs."

Units that routinely perform the most EKGs will continue to do so, Moore adds. Those units are 10D, 2J, the bone marrow transplant unit, and 7 East. EKG machines will be removed from all other inpatient units and clinics.

The CC has the equipment needed to electronically transmit EKGs directly from individual machines to the main computer. "This QT project focused on putting into place the best possible system to meet



patients' needs," says Moore.

The CC currently has 65 EKG machines comprising seven different models. It's difficult to maintain and supply so many different systems, Moore points out. She adds that more than 80 percent of the calls for EKG assistance in the last two years have been because of inability to "troubleshoot" the machine, lack of appropriate supplies, or machine operator error, not machine malfunction.

"Our goal is to standardize the EKG machines we use in the Clinical Center," Moore says. "We'll have just two models by the end of this year and only one in 1995." That means less money spent on maintenance and supplies.

The plan also standardizes

methods for ordering the tests, transmitting results, for ordering supplies, and for maintenance service. "During the first three months, the team will track the time it takes between an EKG request and having the test performed and collect data on EKG transmissions and reasons for EKG requests," Moore says. "We'll re-evaluate the process monthly and make any changes necessary."

QT team facilitator is Nancy Dianis, nursing service chief for allergy, arthritis, child health, eye, digestive disorders, dental, diabetes, and deafness and other communication disorders.

Team members are Sue Wingate, clinical nurse specialist; Diane Thompkins, nurse educator; Terri Wakefield, bone marrow transplant unit head nurse and standardization committee representative; Dr. Eben Tucker and Brenda Butler, Heart Station; Steve Groban, Outpatient Department; Diane Richards, Respiratory Therapy Section; and Bob Ennis, Biomedical Engineering Instrumentation Program.

On a task force to provide training for performing and electronically transmitting EKGs were Joe Billops and Stanley Bristol, Heart Station; nurses Gina Rowe, 7 East, and Stacey Bowe, 2J; Joyce Smith, respiratory therapy; and nursing educators Jan Yates and Sue Marden.

april

6 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Pheochromocytoma: A Wide Spectrum of Presentations, Harry Keiser, M.D., NHLBI; *Localization of a Gene Causing Cystinuria*, Dan Kastner, M.D., Ph.D., NIAMS

13 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
The Kaposi Sarcoma, Bob Yarchoan, M.D., NCI; *The Startle Syndromes: Surprising News*, Mark Hallett, M.D., NINDS

20 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Gene Therapy for HIV Infection: Progress and Prospects, Nava Sarver, Ph.D., NIAID; *Prospects for Advances in the Treatment of Schizophrenia*, Dave Pickar, M.D., NIMH

21 **Ethics Case Discussion**
3 p.m.
Medical Board Room
The Geneticist's Dilemma: Notifying Subjects of Unanticipated Results

21 **NIH Lecture**
3 p.m.
Masur Auditorium
Regulation and Downstream Pathways of Growth Inhibitors, Patricia K. Donahoe, M.D., Massachusetts General Hospital and Harvard Medical School

27 **Clinical Staff Conference**
noon-1:30 p.m.
Lipsett Amphitheater
Airway Inflammation, James Shelhamer, M.D., CC, moderator